## L20 0000 50576

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

Division of Cor			
SUBJECT:	rossivads Boast	era Hr.	
500000	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sanic	e liprons	·
		Name of Person	
		Firm/Company	
		runzeompany	
	<u>734 S</u>	Pring Lake Dr	
	,	Address Dr	
	Desti	n FL 32541	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
To	· aca a l	au 850 , 797-	2148
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres		Street Address:	action
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632 Tallahassee, I	7	The Centre of T	Fallahassee be Street, Suite 810
rananassee, r	L シムJ LT	#TI 61 11 11 10 11 10	A Directi Dune 010

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crossroals Ra	Stery UC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as (thow appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number <u>L 20000 80 576</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Lahil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	734 Spring Lake Dr	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	Destro FL 32541	20 VI	
		源と「	
Enter new mailing address, if applicable:	734 Spring Lake Dr	20 <b>3</b> M	
(Mailing address MAY BE A POST OFFICE BOX)	Destin FL 32541	50 50	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the nam	e of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
new negratica Office Address.	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am for provided for in Chapter 605, F.S. Or,	familiar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> <u>Title</u> Name □ Change \_ □Remove bbA🗆 . □Remove \_\_ □Change

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lí an ei	tive date, if other than the date of filing:(optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e reco rd is t	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ited.
	<u>(e 17 2020</u>
Dated	
Dated	Signature of a member or authorized representative of a member  Janice Gpsanb Typed or printed name of signee

1. 1. 10 2

Filing Fee: \$25.00